

Form <b>4804-DCC</b> (January 2003)		Department of the Treasury - Internal Revenue Service <b>Transmittal for Magnetic Media          Reporting of Currency Transactions</b>		
<b>Internal use only</b>	Receipt date	Virus check performed <input type="checkbox"/> Yes <input type="checkbox"/> No	DCN Range beginning number	DCN Range ending number
1. Type of files represented by transmittal <input type="checkbox"/> Production <input type="checkbox"/> Test <input type="checkbox"/> Replacement			2. Transmitter control code (TCC) assigned by IRS to the transmitter organization	
3. Type of documents being filed <input type="checkbox"/> 4789-CTR <input type="checkbox"/> 8852-CTRCN <input type="checkbox"/> TDF-90-22.49-SARC <input type="checkbox"/> Other _____ <input type="checkbox"/> 8362-CTRC <input type="checkbox"/> TDF-90-22.47-SAR <input type="checkbox"/> TDF-90-22.56-MSB SAR				
4a. Name and address of Filer ( <i>Street, city, state, ZIP code</i> )			4b. Employer Identification Number of Filer	
			4c. Transmitter control code of Filer	
5a. Name and address of organization transmitting magnetic media ( <i>Street, city, state, ZIP code</i> )			5b. Employer Identification Number of Transmitter	
6. Name and address of person to contact about magnetic media files ( <i>Street, city, state, ZIP code</i> )			6b. Title	
			6c. Telephone number ( <i>Include area code</i> )	
7. Name and address of person to whom magnetic media files are to be returned ( <i>If different for block 6a</i> ) ( <i>Street, city, state, ZIP code</i> )				
8a. Coverage period ( <i>Beginning date (MMDDYYYY)</i> )			8b. Coverage period ( <i>Ending date (MMDDYYYY)</i> )	
<b>9. Reporting Medium</b>				
Medium	Miscellaneous Information		Recording Mode	Reel/Cartridge Number
<input type="checkbox"/> Cartridge	Standard Label	<input type="checkbox"/> 18 Track <input type="checkbox"/> 36 Track	EBCDIC only	
<input type="checkbox"/> Diskette	Single sided/Single Density Single sided/Double Density Double sided/Double Density	<input type="checkbox"/> 3 1/2"	ASCII only	<b>N / A</b>
<b>If more than one Filer is being reported, please use form 4802-DCC.</b>				
10a. Number of documents for Filer (Item 4).			10b. Total number of documents transmitted.	
<b>Affidavit</b>				
The authorized agent of the Filer may sign if all conditions are met as stated in the, Magnetic Media Reporting Instructions.				
Under penalties of perjury, I declare that I have examined this transmittal, including accompanying documents, and to the best of my knowledge and belief it is correct and complete. In the case of documents without recipient's identifying numbers, I have complied with the requirements of the law in attempting to secure such numbers from the receipts. I declare that this filing represents all Documents filed during this reporting period except for those transactions reported on paper.				
Signature			Title	Date

Catalog Number 35099X

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